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DATE: 2/25/08

PTO IDENTIFIER: Application Number 10/827,131

Patent Number

Inventor: Gaudet, et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

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Attorney Dkt. #: WIBR-522-102

PAGES (Including Cover Sheet): 3

CONTENTS: Petition for Extension of Time (1 page)
Certificate of Transmission (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 10/827,131

Attorney Docket No.: WIBR-522-102

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Petition for Extension of Time (1 page)

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PTO/SB/22 (10-07)

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| | | | |
|---|------------|---|-------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) WIBR-522-102 | |
| Application Number 10/827,131 | | Filed April 19, 2004 | |
| For GLYCEROL AS A PREDICTOR OF GLUCOSE TOLERANCE | | | |
| Art Unit 1644 | | Examiner Rooney, Nora M. | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee | Small Entity Fee | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ 1,050.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3655. I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 41,368 | | | |
| Signature <u>Lisa M. Treannie</u> | | Date <u>2/25/08</u> | |
| Typed or printed name <u>Lisa M. Treannie, Esq.</u> | | Telephone Number <u>781-622-5930</u> | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

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